



ARIZONA STATE RETIREMENT SYSTEM (ASRS) BENEFICIARY FORM INSTRUCTIONS

Questions? Please contact:
Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
www.azasrs.gov

BENEFICIARY INFORMATION

A beneficiary is the person you choose to receive any available funds upon your death. As a member of the ASRS, you must designate your beneficiary(ies).

There are two types of beneficiaries:

Primary Beneficiary(ies) will be first to receive any available funds upon your death.

Secondary Beneficiary(ies) will receive any available funds upon your death if the primary beneficiary(ies) are no longer living or are not eligible.

Below are two examples of how you may select beneficiaries, and what the consequences would be.

Example #1

You assign your **Primary** beneficiary as follows: 100% to your spouse

You assign your **Secondary** beneficiaries as follows: 50% to child one, 50% to child two

With your spouse as the **Primary** beneficiary (100%) and your two children as **Secondary** (50% each), upon your death your spouse will receive 100% of any eligible funds.

However, if you and your spouse die at the same time, as **Secondary** beneficiaries, your two children will each receive 50% of any eligible funds.

Example #2

You assign your **Primary** beneficiaries as follows: 50% to your spouse, 50% to your brother

You assign your **Secondary** beneficiaries as follows: 50% to child one, 50% to child two

Upon your death, your spouse and your brother will each receive 50% of any eligible funds.

However, if you and your spouse die at the same time; your brother, as the remaining **Primary** beneficiary will receive 100% of any eligible funds.

If you, your spouse, and your brother die at the same time, or prove ineligible, your two children as **Secondary** beneficiaries will each receive 50% of any eligible funds.

Please note the following important information:

- The total percent of benefit for PRIMARY beneficiary(ies) listed must equal 100%.
- The total percent of benefit for SECONDARY beneficiary(ies) listed must equal 100%.
- It is necessary to provide a Social Security number for your beneficiaries. The form cannot be processed without it.
- It is important that all fields are completed for processing.
- To keep your beneficiary information current, when life-changing events occur we recommend you review your beneficiary information and make any necessary changes. In the case of a divorce, a previously designated spouse beneficiary is considered revoked and a new beneficiary form will be required even if the ex-spouse will be renamed as beneficiary.
- The ASRS acknowledges the most current beneficiary form on file. Please list ALL of your beneficiary(ies) even if you have previously submitted them.
- It is your responsibility to ensure that both the ASRS and your employer (if applicable) have current beneficiary information. Arizona law may designate your beneficiary(ies) if you do not provide the ASRS with current information.
- If you are retired and selected a Joint and Survivor annuity, changing your primary beneficiary will result in a pension recalculation.
- If you are retired and selected a Joint & Survivor or a Period Certain annuity retirement option, a contingent annuitant is the eligible dependent for health insurance purposes.
 - If you are a member who retired on or after January 1, 2004, and you have elected to participate in the Optional Premium Benefit Program, please mark the **Yes** box in Section 2. Otherwise, check the **Not Applicable** box.
 - If you checked yes for contingent annuitant, you must list your contingent annuitant in the first Designated Primary Beneficiary block. For more information regarding this program, please contact the ASRS.
- State law requires that a member notify their current spouse of the beneficiary selected if the beneficiary is someone other than the current spouse. Notification may not relinquish a spouse's community property rights; consult an attorney.
- The Beneficiary Form must be signed, dated and received by the ASRS before the date of death as evidenced by an ASRS date stamp on the document itself.

**ARIZONA STATE RETIREMENT SYSTEM (ASRS)****BENEFICIARY FORM**

PLEASE PRINT

COMPLETE AND SEND TO:
ASRS – Records Management
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
FAX: (602) 240-2096
www.azasrs.gov

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of ASRS account distributions and withholdings.

SECTION 1 – Member Information

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
Mailing Address			Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	ZIP	Member Status: (Check One) <input type="checkbox"/> Retired <input type="checkbox"/> Non-retired
Home Telephone Number ()	Business Telephone Number ()		Date of Birth (MM/DD/YYYY)

SECTION 2 – Beneficiary Information

- At least one **PRIMARY** beneficiary is required (copy this page for more than three beneficiaries).
- You must list a Social Security number or Tax ID number for each beneficiary listed even if the beneficiary is an estate, organization or trust.
- If you are listing a trust, please list the name of the trust and not the owner of the trust.
- If you retired and selected a Joint and Survivor annuity, changing your primary beneficiary will result in a pension recalculation.
- Divorce automatically terminates the ex-spouse as a beneficiary. To rename an ex-spouse as a beneficiary, you must submit a new Beneficiary Form after the date of the divorce.

<input checked="" type="checkbox"/> Primary		Percent of Benefit: _____%	
<input type="checkbox"/> SSN or <input type="checkbox"/> TIN	Beneficiary Name: Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust		Contingent Annuitant for Optional Premium Benefit Program? <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Birth Date (MM/DD/YYYY)	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Telephone Number ()
Mailing Address		City	State ZIP

<input type="checkbox"/> Primary <input type="checkbox"/> Secondary		Percent of Benefit: _____%	
<input type="checkbox"/> SSN or <input type="checkbox"/> TIN	Beneficiary Name: Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust		
Birth Date (MM/DD/YYYY)	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Telephone Number ()
Mailing Address		City	State ZIP

<input type="checkbox"/> Primary <input type="checkbox"/> Secondary		Percent of Benefit: _____%	
<input type="checkbox"/> SSN or <input type="checkbox"/> TIN	Beneficiary Name: Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust		
Birth Date (MM/DD/YYYY)	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Telephone Number ()
Mailing Address		City	State ZIP

SECTION 3 – Member Signature

I certify I have complied with the state law requiring that a member notify their current spouse if the beneficiary is someone other than the current spouse. Notification may not relinquish a spouse's community property rights; please consult an attorney.

Member Signature	Date
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